

State of Minnesota

District Court

County

Judicial District:	
Court File Number:	
Case Type:	Dissolution without Children

In Re the Marriage of:

Name of Petitioner

and

Affidavit of Personal Service

Name of Respondent

STATE OF MINNESOTA)
) SS
COUNTY OF _____)
(County where Affidavit signed)

I, _____, state that I am at least 18 years of
(Name of person who hand-delivered documents)

age having been born on _____, and that on _____

I served the _____
(list all papers handed to the other party)

upon _____ by handing a true and
(Name of other party)

correct copy of the documents to him/her at _____

(street address, city, state)

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: _____

Signature of Person Who Served Documents

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (_____) _____

E-mail address: _____